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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	ļ.
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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	COVER LETTER	₹
TO: Registration Section Division of Corporations		
SUBJECT: SKY USA COMPANY, LI	LC.	
;	Name of Limited Liability Company	
The enclosed Articles of Amendment and fe	e(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
ANDRI	EA FE R REIRA	
	Name of Person	
ASSURE	D ACCOUNTING AND TAX SE	RVICES
	Firm/Company	
3350 NW 22	2ND TER STE 200B	
	Address	
_POMPANO	BEACH, FL 33069	
	City/State and Zip Code	
LSPTRADIN	IGINC@GMAIL.COM ail address: (to be used for future annual re	eport notification)
For further information concerning this matt		epon nomedian,
ANDREA FERREIRA	at (954)_	793-0353
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following amoun	nt:	
■ \$25.00 Filing Fee □ \$30.00 Filing Certificate of	·	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SKY USA COMPANY, LLC.	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company v	were filed on <u>08/27/2015</u> and assigned
Florida document number L15000147057	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
 	17 A
Enter new mailing address, if applicable:	Z 58
(Mailing address MAY BE A POST OFFICE BOX)	
	A
	A
B. If amending the registered agent and/or registered off	
registered agent and/or the new registered office address here	ကိ ချေ
Name of New Benistand Aponts	(,
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<u> </u>	, Florida
New Registered Agent's Signature if changing Registered Agent:	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

	ng Authorized Person(s) authorized from our records:	ed to manage, enter the title, name, and addres	s of each person being added
MGR =			
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	VANIZI L. DA SILVA	1078 W. 13TH SQ	X) Add
		VERO BEACH, FL 32960	□ Remove
			□ Change
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